

Foster Family Home - Corrective Action Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-4

92-766 Palailai Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 7/2/2018

End Date:

7/2/18

Foster Family Home

Required Certificate

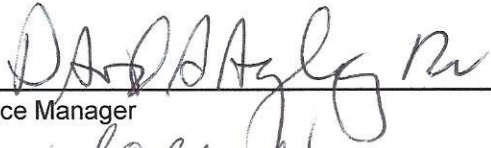
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/2/18. PCG requests to increase to a 3 client CCFFH.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date